

MISSOURI FFY2008-2009 CSBG PROGRAM PLAN

I. PROGRAM NEED

The Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS) for 2005, identified 659,000 (11.6%) Missourians with income at or below the poverty line (i.e., \$10,160 for one person under 65 years, \$15,735 for a family unit with one adult and two children). A total of 243,000 Missourians in poverty were children under 18 years of age and 61,000 were 65 years of age or older. From another perspective, there were 151,000 families at or below the poverty level.

According to the 2005 CPS ASEC the number of Missourians with income just slightly above the poverty line (125%) was 258,000, making the number of Missourians living below the poverty line or just slightly above, more than the combined population of Missouri's two most populated cities, Kansas City and St. Louis (778,695).

Poverty is complex and the risk of over simplifying the subject is high when the number of individuals living under the official poverty level is the only source of information presented. In 2007 The Missouri Women's Council published the Missouri Family Affirming Wages study which attempts to quantify the wages needed to meet a Missouri family's basic needs. The Missouri Family Affirming Wage identifies basic family expenses (housing, childcare, food, transportation, health care, telephone, taxes and miscellaneous) for different family types for each county in the state and the wages the family would need to earn to cover those expenses. The study takes into account how costs can vary with different ages of children, regional variation in basic expenses, sales, state and federal taxes, and, last, the study considers the differences in the costs a family incurs with or without employer-sponsored health insurance. The tables below show the Family Affirming Wages for 3 different counties in Missouri:

<u>Missouri Family Wages for Jackson</u>			
	<i>Adult</i>	<i>Adult + Preschool</i>	<i>2 Adults + Preschool + Schoolage</i>
<i>Housing</i>	\$561	\$652	\$652
<i>Childcare</i>	\$0	\$517	\$856
<i>Food</i>	\$212	\$295	\$610
<i>Transportation</i>	\$213	\$213	\$427
<i>Health Care</i>	\$66	\$227	\$263
<i>Miscellaneous</i>	\$108	\$193	\$284
<i>Telephone</i>	\$28	\$28	\$28
<i>Sales Tax</i>	\$9	\$16	\$24
<i>Other Taxes</i>	\$108	\$193	\$283
<i>Missouri Family Wage with Employer Health Care</i>			
<i>Annual</i>	\$15,660	\$28,026	\$41,108
<i>Missouri Family Wage without Employer Health Care</i>			
<i>Annual</i>	\$18,131	\$31,589	\$50,996

<u>Missouri Family Wages for Greene</u>			
	<i>Adult</i>	<i>Adult + Preschool</i>	<i>2 Adults + Preschool + Schoolage</i>
<i>Housing</i>	\$405	\$520	\$520
<i>Childcare</i>	\$0	\$433	\$718
<i>Food</i>	\$212	\$295	\$610
<i>Transportation</i>	\$196	\$196	\$392
<i>Health Care</i>	\$66	\$227	\$263
<i>Miscellaneous</i>	\$91	\$170	\$253
<i>Telephone</i>	\$28	\$28	\$28
<i>Sales Tax</i>	\$7	\$13	\$19
<i>Other Taxes</i>	\$90	\$169	\$252
<i>Missouri Family Wage with Employer Health Care</i>			
<i>Annual</i>	\$13,134	\$24,621	\$36,670
<i>Missouri Family Wage without Employer Health Care</i>			
<i>Annual</i>	\$15,603	\$28,181	\$46,550

<u>Missouri Family Wages for New Madrid</u>			
	<i>Adult</i>	<i>Adult + Preschool</i>	<i>2 Adults + Preschool + Schoolage</i>
<i>Housing</i>	\$338	\$413	\$413
<i>Childcare</i>	\$0	\$336	\$559
<i>Food</i>	\$212	\$295	\$610
<i>Transportation</i>	\$190	\$190	\$379
<i>Health Care</i>	\$66	\$227	\$263
<i>Miscellaneous</i>	\$83	\$149	\$225
<i>Telephone</i>	\$28	\$28	\$28
<i>Sales Tax</i>	\$6	\$11	\$17
<i>Other Taxes</i>	\$83	\$148	\$225
<i>Missouri Family Wage with Employer Health Care</i>			
<i>Annual</i>	\$12,071	\$21,568	\$32,630
<i>Missouri Family Wage without Employer Health Care</i>			
<i>Annual</i>	\$14,540	\$25,128	\$42,510

(Miscellaneous includes essentials such as clothing, non-prescription medicine, school supplies and cleaning supplies. It does not allow for recreation, entertainment or savings.)

The federal government statistical measure of poverty, a national standard established in 1963 and updated annually, is based on the annual income needed for a family to survive using a formula derived from families' financial burden in the late fifties and early sixties. The 2007 poverty line for a family of one is \$10,210, for a family of two \$13,690 and for a family of four \$20,650. The poverty thresholds are set at the same level all across the country. A comparison of the poverty thresholds and the Family Affirming wages indicates significant differences. For example, the gap for a two person family (adult and preschooler) in Jackson county is \$14,336 (\$28,026 Family Affirming Wage - \$13,690 poverty threshold for family of two) with employer health care or \$17,899 (\$31,589 Family Affirming Wage - \$13,690 poverty threshold for family of two) without employer health care. The economic security gap, the span on the economic ladder a family living in the crisis of poverty must climb to be able to meet their basic needs and achieve economic security, can be significant. Families attempting to hold on and climb the economic ladder and the communities they live in need a variety of supports in order to reach their full potential.

II. PROGRAM DESIGN

The Community Services Block Grant (CSBG) program provides for a local response to the identified need and the conditions of poverty experienced by all Missouri citizens who live in the crisis of poverty. The purposes of the response are for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals. The Community Services Block Grant Act was included as part of the Coats Human Services Reauthorization Act of 1998, P. L. 105-285, and continues a successful New Federalism program implemented in 1981. In addition to identifying responsibilities of federal, state and local levels, the

legislation both reaffirmed and defined the basic dimensions of the community action programs.

CSBG legislation is directed at removing the obstacles and solving the problems that prevent people from becoming self-sufficient. The goal is to have a measurable and potentially major impact on causes of poverty in the community and may help the families and individuals to achieve self-sufficiency. The CSBG legislation identifies six conditions of poverty that must be addressed by the CSBG program:

- Unemployment
- Inadequate education and illiteracy
- Inadequate housing
- Inadequate available income
- Unmet emergencies
- Malnutrition

The CSBG legislation is also explicit in mandating the use of nine strategies:

- Strengthen community capabilities for planning and coordinating the use of a broad range of resources: federal, state, local, including private resources.
- Increase use of innovative and effective community-based approaches.
- Maximize participation of residents of low-income communities and groups served, and empower them to respond to community problems and needs.
- Broaden the resource base of programs directed to the elimination of poverty; secure a more active role for citizens, organizations, and groups.

- Achieve greater participation in the affairs of the community, especially through grassroots partnerships with law enforcement agencies and others.
- Make more effective use of and coordinate with other related programs.
- Coordinate and establish linkages between governmental and other social service programs.
- Provide a range of services and activities, especially youth development programs.
- Provide emergency direct service.

To be successful, each strategy must address at least one of the causes of a poverty condition. The causes of poverty, however, are both complex and interwoven. Therefore, in most cases, any single strategy needs to be teamed with others to have a measurable impact.

A Missouri community action program is a community based and operated program which includes an intake assessment and referral capability in each of its counties and is designed to include a number of projects or components to provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community.

Local Providers will be required to implement a mix of the following local initiative strategies to address locally identified causes of each poverty condition identified by federal law:

Community Coordination/Resource Development

Institutional Partnerships

Collaboration Networks

Revitalization Coalitions

Family Development

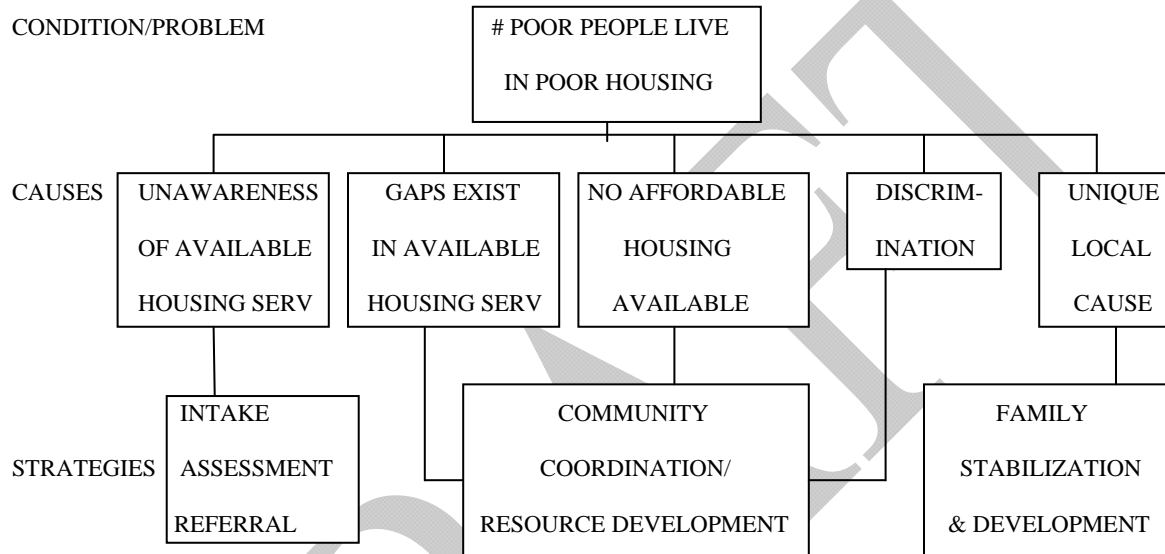
Family Intake/Assessment/Referral

Family Crisis Response

Family Support

Local Supplements

The following diagram is an example of the program design for only one condition:



A specific number of poor people live in poor housing (condition/problem). They live in poor housing because they are unaware of available housing services, because gaps/overlaps exist in available housing services, because no housing is available which they can afford, because discrimination exists which prevents them from obtaining adequate housing, and/or because of other reasons unique to the local area (causes). Appropriate CSBG mandated strategy initiatives (projects) have been implemented to have an impact on these causes.

III. LOCAL INITIATIVE PROJECTS

Most poverty causes are unique to respective geographic areas. Local Initiative gives local communities the flexibility to develop strategies that address unique local causes. In this way, CSBG strategies become hometown guides toward self-sufficiency,

operated by local people for the benefit of their neighbors. CSBG strategies then can solve community problems, benefit local people, and enhance local economic development.

Community Coordination/Resource Development Strategies

Community Coordination/Resource Development (CCRD) Strategies focus on six mandated strategies: to strengthen community capabilities for planning, to increase use of innovative and effective community-based approaches, to broaden the resource base of programs and secure a more active role for citizens, to achieve greater participation in the affairs of the community through grassroots partnerships, to make more effective use of and coordinate with other related programs, and to coordinate and establish linkages.

There are three identified types of CCRD strategies:

Institutional Partnerships

Institutional Partnerships are targeted toward a single institution. Focus is on issues of access to services, barrier removal, improved service or product, and design of new service or product. Function is to advocate for the expansion of institutional scope or mission either by convincing the institution that it does have a role and responsibility in relation to the issues or by supporting measures designed to broaden its mandate.

Collaboration Networks

Collaboration networks are targeted toward gaps and overlaps, role clarification, increase in service capacity/capability among network members, and creating new resources. Focus is on care and maintenance of a network. Function is to create service delivery coordination, develop joint projects to leverage new funding, facilitate information exchange, and participate in network sponsored community needs assessments.

Revitalization Coalitions

Revitalization coalitions are targeted toward raising awareness of the extent of a poverty condition/cause, on the consequences on continued inaction, and on structuring a coalition of stakeholders. Focus is on gaining a place at the table. Function is to obtain the support, endorsement, or participation of entities that can expedite the work of and ensure the success of the coalition's efforts.

Family Development Strategies

Family Development Strategies address family empowerment issues. Family Development Strategies implement mandated strategies to provide a range of services and activities, to maximize participation of residents of low-income communities and groups, and to provide emergency direct service.

Family Intake/Assessment/Referral

Family Intake/Assessment/Referral (IAR) is a process that includes effective outreach encouraging potential clients to seek services both from the outreach agency and other community resources, determination of client eligibility, assessment of client strengths and needs, referral for direct services utilizing an existing public or private community resource, and follow-up to assure completed action. Family IAR provides the critical link between the poor and the existing services they need.

Family Crisis Response

Family Crisis Response addresses families' immediate and urgent condition lacking the lowest Maslow needs: food, shelter, clothing, etc. Family Crisis Response is appropriate to meet urgent family needs, including the need for health services, nutritious food, safe and sanitary housing, and employment-related assistance. In most cases, Family Crisis Response will be teamed with a CCRD project to create more adequate

community responses and/or another FD program to achieve longer-term positive family stability.

Family Support

Family Support provides an integrated process which centers around continuous services and rational decision-making in designing and executing an individualized plan of action. A family's plan of action will focus first on controlling a crisis or at-risk condition, then on attaining and maintaining a stable, safe, or thriving condition through a support system designed to strengthen the family.

Local Supplements

Examples of Local Supplements include literacy tutoring, skills training, job development and placement, community participation and responsibility, etc. Local Supplements may be targeted toward vulnerable populations.

IV. PROGRAM IMPLEMENTATION

State Agency

Governor Matt Blunt has designated the Missouri Department of Social Services to administer the CSBG Program. The Department Director has placed the CSBG Program in the Family Support Division.

Eligible Participants

CSBG projects will serve those individuals whose family unit income falls at or below the official federal Health and Human Services poverty guidelines, particularly families who are attempting to transition off a State program carried out under Title IV, A, of the Social Security Act. In addition, when the board of directors of an eligible entity determines that it serves the objectives of the CSBG program, CSBG strategies may serve individuals whose family unit income does not exceed 125% of the official poverty guideline.

Eligible Providers

CSBG legislation specifies that at least 90% of CSBG funds go to legislatively identified eligible entities whose Board of Directors have a particular composition (at least one-third democratically selected representatives of the poor, one-third elected public officials or their representatives, and the remainder members of private groups and organizations). In Missouri, private not-for-profit community action agencies are eligible entities.

Community action agencies provide a multi-faceted human service delivery system, capable of administering locally short term and long term human service programs. The mission of community action agencies is to assist economically disadvantaged persons in identifying problems and causes, then to develop a plan to overcome these barriers in order to achieve the highest level of family self-sufficiency. In carrying out this mission, community action agencies contract with a variety of sources to provide a comprehensive local program in every county with the following minimum characteristics:

- Standardized Intake/Assessment/Referral system which includes basic intake and eligibility for services information, engages the client in an individual assessment of the causes of poverty in the family, and refers individuals to appropriate resources to change these causes and gain more control of their lives.
- Management systems which integrate standards from all funding sources into a comprehensive system to plan, organize, direct, and evaluate the total agency operation as well as the component parts.
- Management systems which allow for standardized accountability as well as flexibility in program design and operation to meet local needs. System

accountability can be applied or modified to deal with unforeseen situations expeditiously.

- Tripartite base of community input and support including elected local officials, private sector representatives, and low-income representatives. Coalition occurs of major community groups who know problems and have access to resources.
- Capability to leverage resources.
- Coordination of local resources and linkages among local agencies and governments through basic managerial and operational systems which involve these others in impacting individual and/or community problems.
- Assurance that all persons receive an equal opportunity to participate.
- Capability for testing pilot, innovative approaches through management capacity and grassroots connections with target groups and community resources.
- Capability for dealing with emergency situations.

Contracting Process

A two-year performance based contract will be offered to each community action agency. Each agency must submit information required by the Division and a community action plan, which includes the following:

- Community needs assessment (including food needs);
- Agency strategic plan or agency logic models;
- Listing and documentation of current board of directors;
- Supplemental CSBG Program Schedule disclosures for the last full CSBG program year ending September 30. Unaudited schedules must be submitted if audited schedules are not yet available;

- Description of the service delivery system targeted to low-income individuals and families in the service area;
- Description of how linkages will be developed to fill identified gaps in services through information, referral, case management, and follow up consultations;
- Description of how funding under the Act will be coordinated with other public and private resources;
- Description of outcome measures to be used to monitor success in promoting self-sufficiency, family stability and community revitalization.

Then as part of the community action plan each agency must submit a description of the FFY2008-2009 CSBG program planned for the agency's geographic area. The description must identify:

- Specific local poverty conditions.
- Causes of poverty conditions.
- Projects to be supported with CSBG funding and other agency funds that will be implemented to have an impact on these causes.
- Project implementation plans.
- Project's respective national goal and, based on the provider's current needs assessment, outcome measures, national performance indicators, and target. Each goal/measure will be consistent with federal Health and Human Services Results Oriented Management and Accountability (ROMA) guidelines for CSBG programs.
- A service delivery earnings plan.

Contract Support System

The State's own implementation costs will be minimized so that dollars available for actual strategy implementation will be maximized:

- The State may require all nineteen community action agencies to utilize a common local management information system including an intake form, a contractor maintained participant file, monthly performance reports, and an annual outcome/impact report.
- The State will conduct periodic on-site monitoring visits and will provide CSBG Providers an outline to use in their own on-site monitoring.
- The State will work with the Community Action Network to identify training opportunities that will strengthen eligible entities and keep them focused, effective and accountable. Training opportunities may be provided in the areas of finance, administration and management, governance, program implementation and accountability.

Program Monitoring

The State will insist on program accountability and will conduct on-site monitoring visits to assure compliance with the federal regulations and to assure effective and efficient completion of the activities defined within the scope of the contract.

Appropriateness of contractor program progress reports will be determined by independent verification of local documentation provided by the State mandated management information system.

Program Evaluation

Evaluation will measure the impact a CSBG Provider's effort had on the causes of the conditions being addressed. Impact is the effect the projects had on the specific local causes of local poverty conditions. Each local initiative project will be evaluated in a

manner consistent with federal Health and Human Services Department Results Oriented Management and Accountability (ROMA) guidelines for CSBG programs.

Allocation of Funds

Based on Missouri's FFY07 CSBG Award FFY2008 and FFY2009 local initiative fund allocation is estimated to be as follows:

Community Coordination/Resource Development	\$3,209,899
Family Development	
Intake/Assessment/Referral	\$4,309,753
Family Crisis Response	\$ 397,709
Family Support	\$1,000,000
Local Supplements	\$6,706,184

Other FFY2008 and FFY2009 dollars that become available will be allocated by the State to one or more of these initiatives. In addition, at least \$1,500,000 will be used to support state discretionary activities. The following activities are anticipated: Provide training and technical assistance and capacity building activities to local providers; coordinate state and locally operated programs, and in some cases programs operated by eligible entities; support statewide eligible entity reporting, coordination and communication among eligible entities; emergency disaster assistance; and support innovative programs conducted by community action agencies, local units of government, Native American organizations, and other community-based organizations. Entities other than community action agencies may receive state discretionary funds. Also, up to \$236,000 may be used by the State for program implementation and monitoring. Portions of the latter amount may be used for the former purpose.

Audit

CSBG legislation requires that at least every year the State prepare an audit of expenditures of CSBG amounts received. The audit must be prepared in accordance with the General Accounting Office Standard for Audits of Governmental Organizations. An audit confirming adequate internal accounting control with no questioned costs is the objective of the State and the State will operate the CSBG program in such a manner as to get this result.

The State will demand program accountability and payment to Providers will be based upon program performance. The State will be able to verify that it received what it purchased. Through this practice of fiscal accountability, the State will have protected its assets and will have prudently done so.

Equal Opportunity

No person, on the basis of race, color, national origin, or sex may be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with CSBG funds.

Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified individual with a disability as provided in Section 504 of the Rehabilitation Act of 1973 shall also apply to any such program or activity.

In addition, the State complies with the provisions of Title VI of the Civil Rights Act of 1964. To assure compliance, the State will incorporate the provisions and prohibitions into all FFY2008-2009 CSBG contracts. Providers must comply with any equal opportunity package prepared by the State. Providers will be required to include these provisions in any contractual agreements that they may enter into with a subcontractor; however, the Provider will be held responsible for contract compliance

whether or not a subcontractor fails to comply with non-discrimination provisions, the contract may be suspended or terminated.

Public Review and Comment

CSBG legislation requires that a plan for the proposed use of CSBG funds in Missouri be made available for public review and comment. A notice will be published in newspapers across the State informing Missourians that copies of the plan are available. In addition the Departmental Legislative Budget Appropriation Committee reviews Division of Family Services funding requests each year including the Community Services Block Grant.

Program Calendar

FFY08

June 6-7, 2007	Initial CSBG Program Requirements Announced to Eligible Entities
July 27, 2007	Public Hearing
August 2007	Final CSBG Program Requirements Announced
August 2007	Providers FFY08 and FFY09 Local Plans Returned
September 1, 2007	FFY08 and FFY09 State Application Filed with HHS.
September 30, 2007	Provider Contracts Awarded
October 1, 2007	FFY08 Program Implementation Begins

FFY09

June 2008	Provider Technical Assistance Meeting
August 2008	Modifications to Contract submitted by Providers
September 2008	Modifications and Amendments Fully Executed
October 1, 2008	FFY09 Program Implementation Begins.